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Donna M. Wellings

(Depositor's name)

Donna M. Wellings

(Signature)

December 22, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/553,065

10/12/2005

Akira Kimura

MAT-8714US

4275

TITLE OF INVENTION: REMOTE CONTROLLER

12/22/2006 TBESHAH2 00000026 10553065

01 FC:1501

1400.00 OP

02 FC:1504

300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	
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nonprovisional

NO

\$1400

\$300

\$0

\$1730.

12/27/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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EDWARDS JR, TIMOTHY

2612

340-539100

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2

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Matsushita Electric Industrial Co., Ltd.

Osaka, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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Authorized Signature

Lawrence E. Ashery

Date December 22, 2006

Typed or printed name Lawrence E. Ashery

Registration No. 34,515

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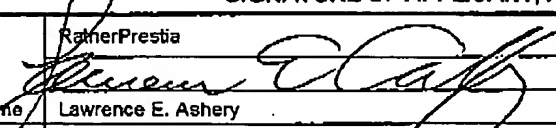
Application Number	10/553,065
Filing Date	October 12, 2005
First Named Inventor	Akira Kimura
Art Unit	2812
Examiner Name	Timothy Edwards Jr.
Attorney Docket No.	MAT-8714US

**ENCLOSURES (Check all that apply)**

- |  |  |  |
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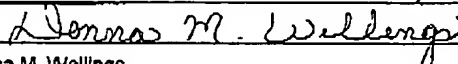
**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm Name	RatnerPrestia
Signature	
Printed Name	Lawrence E. Ashery
Date	December 22, 2006

Registration No. 34,515

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Signature		Date	December 22, 2006
Typed or Printed Name	Donna M. Wellings		

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## FAX FILING IN U.S. PATENT & TRADEMARK OFFICE

DATE: December 22, 2006

TIME: \_\_\_\_\_

TO:	USPTO	FAX NO.:	1-571-273-2885
FROM:	Lawrence E. Ashery	ADMIN. ASST.:	Donna M. Wellings
APPLN. NO.:	10/553,065	ATTY. DOCKET NO.:	MAT-8714US
TITLE OF APPLN.: REMOTE CONTROLLER			
FILING DATE:	October 12, 2005	ART UNIT:	2612
FIRST INVENTOR:	Akira Kimura	CONF. NO.:	4275
TITLE OF DOCUMENT (and List of Attachments): Issue and Publication Fees			
Transmittal (1); Issue Fee Transmittal (2); PTO-2038 (1)			

Total Number of Pages: 5 (including this form)

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